

Complaint, Grievance, and Appeal Procedures

If your health plan services are reduced, denied, or terminated:

- ◆ You can submit a written or verbal **COMPLAINT** to the plan.
- ◆ Ask to meet with a plan representative about your complaint.
- ◆ If you disagree with the decision on your complaint, you may file a written **GRIEVANCE**.
 - You must do so within **90 days** of the decision on your complaint.
 - The health plan must respond within **30 days**.
- ◆ A final step, if needed, is to file a written **APPEAL**.
 - You must do so within **90 days** of the decision on your grievance.
 - The health plan must respond within **60 days**.
- ◆ If you want a second opinion you may request one by calling your Primary Care Provider or a Customer Service Representative.
- ◆ You have the right to a fair hearing by the State about your problem. To find out about your rights,
phone: **1-800-392-2161**
or write: Recipient Services
Missouri Division of Medical Services
P.O. Box 6500, Jefferson City, MO 65102.

For further information about this Consumer's Guide, contact:

Bureau of Health Care Performance Monitoring
Missouri Dept. of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570
(573) 526-2812



The Missouri Department of Health and Senior Services has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 2000. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Evaluation, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 526-2812. A companion technical report, containing the data and statistical formulas used, is also available for \$10.

The Missouri Department of Health and Senior Services is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.

2001 Consumer's Guide

MC+ Managed Care in Missouri



MC+ Managed Care

MC+ is a health insurance program that pays for health care. It gives you access to doctors, hospitals and other health care providers. MC+ plan participants must meet income guidelines to be eligible. In order for some people to qualify, they can not have had health insurance for the past six months. Some MC+ members may have to pay a premium, copay or both. Premiums and copays are determined by family income. Each MC+ Managed Care member must have a Primary Care Provider (PCP). A PCP manages a member's health care. Some areas of the state do not have MC+ managed health care plans. Eligible people living in those areas will receive health care services through the MC+ Fee-for-Service program. MC+ Fee-for-Service members must go to MC+ approved providers for health care. Call 1-800-392-2161 for a list of MC+ approved providers.

Know Your Rights

You have the right to:

- ◆ Be treated with respect and dignity
- ◆ Receive needed medical services
- ◆ Privacy and confidentiality (including minors) subject to state and federal laws
- ◆ Select your own PCP
- ◆ Refuse care from a specific provider
- ◆ Receive information about your health care and treatment options
- ◆ Participate in decision-making about your health
- ◆ Have access to your medical records
- ◆ Have someone act on your behalf if you are unable to do so

Know Your Responsibilities

Learn the rules of your MC+ managed care plan before you get medical care. You have a responsibility to:

- ◆ Pick a primary care provider (PCP)
- ◆ Make and keep appointments, or call ahead to cancel
- ◆ Ask questions about your health care, talk to your PCP or managed care plan
- ◆ Call your PCP before you get care from another provider, or you may have to pay the bill
- ◆ Only use the emergency room if your life is in danger
- ◆ Use urgent care facilities for urgent health care conditions that are not emergencies
- ◆ Eat right, exercise, get regular checkups, don't smoke and follow your PCP's instructions

Member Services Telephone Numbers

MC+ Plan	Customer Service	Nurse Helpline
Blue-Advantage Plus	888-279-8186	800-693-7153
Care Partners	800-684-5501	877-544-2273
Community Care Plus	800-875-0679	800-875-0679
Family Health Partners	800-347-9363	800-347-9369
FirstGuard Health Plan	888-828-5698	888-427-2286
HealthCare USA	800-566-6444	800-475-1142
Mercy MC+	800-796-0056	800-811-1187
Missouri Care	800-322-6027	888-884-2401

Eligibility and Enrollment Toll-free Numbers

If you want to know if you are eligible for MC+ healthcare coverage, call the MC+ Service Center at this toll-free number: 888-275-5908

This office can:

- ◆ Answer your questions about eligibility for healthcare coverage
- ◆ Determine your eligibility for MC+
- ◆ Mail you an MC+ application
- ◆ Process your application

You may also contact your county Division of Family Services office for information on MC+ and other medical assistance programs.

To enroll in a specific health plan call First Health toll-free at:

800-348-6627

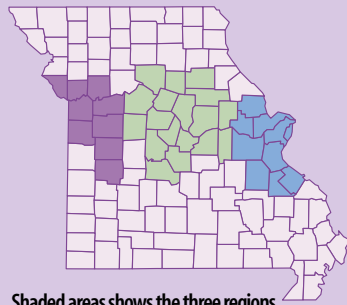
You may contact the following State agencies about MC+ managed care problems.

Division of Medical Services

800-392-2161

Department of Insurance

800-726-7390



Shaded areas shows the three regions where MC+ Managed Care Plans offer coverage

MC+ Managed Care Plan Performance

MC+ Plan	Women's Health						Children's Health					Other Health Areas		
	Women's Cancers: Breast(B), Cervical(C), Ovarian(O)		Check-Ups for Cervical Cancer	Sexually Transmitted Diseases: Chlamydia		Plan Reminder Letters	Asthma(A), Sickie Cell Anemia(S)		Yearly Dental Visit	Childhood Immunization (by age 2)	Adolescent Immunization (by age 13)	Cardiovascular: High Blood Pressure(B),Obesity(O), Stroke(S), Congestive Heart Failure(H)		Diabetes
	Screening	Educational Information	Pap Tests	Screening	Educational Information	Mammogram(M) Pap Test(P)	Screening	Educational Information				Screening	Educational Information	Screening
Eastern Region														
Care Partners	none	B	☐	no	no	none	SA	SA	☐	○	☐	none	none	YES
Community Care Plus	BC	BC	☐	YES	no	none	SA	A	●	☐	●	B	B	YES
Healthcare USA of Missouri	none	B	○	no	YES	none	A	A	●	○	●	none	H	none
Mercy MC+	BC	BC	○	no	no	MP	A	A	○	○	○	SHB	OSHB	YES
Central Region														
Healthcare USA of Missouri	none	B	☐	no	YES	none	A	A	○	☐	○	none	H	none
Missouri Care Health Plan	BC	BC	●	YES	YES	MP	SA	SA	○	●	○	OSHB	OSHB	YES
Western Region														
Blue Advantage Plus	BC	BC	☐	no	no	P	A	A	●	●	●	none	HB	YES
Family Health Partners	BCO	BCO	●	YES	YES	MP	A	A	●	●	●	OSHB	OSHB	YES
FirstGuard Health Plan	BCO	B	●	no	no	none	SA	A	●	☐	●	OSHB	none	YES

Plan offers screening and educational information for breast, cervical, and ovarian cancer.

Note: Letter indicates the conditions for which services are offered.

Women (age 21-64) who had a pap test in the past two years.

Plan offers screening and educational information for Chlamydia.

Note: Yes indicates the service offered.

Plan sends out reminder letters for mammograms and pap tests.

Note: Letter indicates the conditions for which services are offered.

Plan offers screening and educational information for asthma and sickle cell anemia.

Note: Letter indicates the conditions for which services are offered.

Children and young adults (age 4-21) who had one or more dental visits during the past year.

Children and young adults who turned 2 and 13 in the past year that received vaccinations.

Plan offers screening and/or educational information for obesity, stroke, congestive heart failure, and diabetes.

Note: A letter or a Yes indicates the conditions for which services are offered.

Screenings help by seeing if a patient has a greater chance of getting certain diseases or health problems.

Educational Information helps patients understand diseases and methods for treating them.

Visit the Department of Health and Senior Services Managed Care Website
www.dhss.state.mo.us/ManagedCare

Quality of Care Ratings*

- — High/Good
- ☐ — Average
- — Low/Needs Improvement

*These are found by comparing plan performance to the state average.